

PHYSICIAN'S STATEMENT
In Connection With Disability Retirement Under the Civil Service Retirement System

Section A -- Identifying Information and Consent *(to be completed by applicant)*

1. Applicant's name <i>(Last, first, middle)</i>	2. Date of birth <i>(mo., day, yr.)</i>	3. Social Security Number
PRIVACY ACT STATEMENT <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under</p> </div> <div style="width: 48%;"> <p>their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.</p> </div> </div>		
Address to which Physician Sends Statement →	4. Enter exact name and address <i>(including ZIP Code)</i> of your employing agency	
Applicant's Consent to Release Medical Information	5. I authorize the release to the Civil Service Retirement System and my employing office of any and all information or records connected with my disease or injury.	
	Signature <i>(do not print)</i>	Date

Section B -- Medical Documentation *(to be completed by physician)*

<p align="center">INSTRUCTIONS</p> <p>The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation as described under "General Information" on the back, in connection with his or her application for disability retirement under the Civil Service Retirement System. It may also be used in determining the employee's eligibility for reassignment to a position that he or she is medically able to perform. A copy of the individual's position description is attached for your information.</p> <ul style="list-style-type: none"> † The applicant is responsible for any costs incurred in connection with providing this documentation. † A new medical examination is not necessary if you can provide current information from your records. † Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationery. It is important that you respond to every item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above. † Enclose your report and any attachments in a sealed envelope marked "Disability -- Privileged -- Private." Send it to the address shown in Section A, item 4. You may, if you wish, give it directly to the applicant for delivery to the employing office. † Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number. <p align="center">MEDICAL DOCUMENTATION REQUIREMENTS</p> <p>YOU MUST PROVIDE THE FOLLOWING INFORMATION:</p> <ol style="list-style-type: none"> 1. The history of the specific medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment. 	<ol style="list-style-type: none"> 2. Clinical findings from the most recent medical evaluation, including any of the following which have been obtained: findings of physical examination, results of laboratory tests, x-rays, EKGs and other special evaluations or diagnostic procedures and, in the case of psychiatric disease, the findings of mental status examination and the results of psychological tests. 3. Assessment of the current clinical status and plans for future treatment. 4. Diagnosis. 5. An estimate of the expected date of full or partial recovery. 6. An explanation of the impact of the medical condition on life activities both on and off the job. 7. Assessment of the degree to which the medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion. 8. The likelihood that the individual will suffer sudden or subtle incapacitation associated with the medical condition. Explain the medical basis for your conclusion. 9. The probability that the individual will suffer injury or harm if he or she is not restricted or accommodated. Explain the medical basis for your conclusion. 10. The medical basis for your decision to recommend or not to recommend restrictions that prohibit the individual from attending work altogether or performing specific duties of the position. If you have imposed any work-related restrictions or recommended accommodation, explain the therapeutic or risk-avoiding value of the restrictions and whether or not you have imposed any similar restrictions on non-work related activities.
---	--

PHYSICIAN'S STATEMENT

GENERAL INFORMATION

Disability retirement determinations are made in accordance with civil service retirement regulations (5 CFR 831.502). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury (1) in the employee's current position, or (2) within a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level), and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, conduct, or attendance, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as a disease or injury.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year.
5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Civil Service Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The absence of another available position, within the employing agency and commuting area, at the same grade or pay level and tenure, to which the employee is qualified for reassignment.